



Republic of the Philippines
GUIMARAS STATE UNIVERSITY
 Mc Lain, Buenavista, Guimaras



Document Code No.		
FM-DPM-GSU-MEI-01		
Rev. No.	Effective Date	Page No.
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Name of Supervisor: _____
 Position: _____

Date: _____
 No.: _____

SUPERVISORY REPORT

Faculty Supervised: _____

Subject Taught:

Actual Observations:

Actions Taken/ Suggestions:

Signature of Supervisee: _____

Signature of Supervisor



SUBJECT AREA CHAIR SUPERVISORY FORM

Teacher Supervised: _____
 Subject: _____
 Building: _____

Date: _____
 Time: _____
 Room: _____
 Total: _____

Area to be Rated	Rating				
	5	4	3	2	1
A. Teacher					
1. Mastery of Subject matter					
2. Organization of lesson					
3. Class management					
4. Methods and Techniques					
5. Personality/ Grooming					
6. Awareness of current issues					
7. Promotion of desirable values and habits					
8. Use of instructional materials					
9. Use of assessment/ evaluation techniques					

Mean: _____

Remarks/ Comments: _____

Total: _____
 Mean: _____

Area to be Rated	Rating				
	5	4	3	2	1
B. Students					
1. Student- teacher interaction					
2. Preparedness					
3. Communication Skills					
4. Awareness of current issues					
5. Manifest self- reliance and responsible self- direction					
6. Display cooperative- collaborative attitude					

Remarks/ Comments: _____



Area to be Rated	Rating				
	5	4	3	2	1
C. Learning Environment					
Maximum use of time					
Cooperative-collaborative climate					
Communication Skills					
Flexible time allocation					
Housekeeping (Orderliness and Cleanliness)					

Total: _____

Mean: _____

Remarks/Comments: _____

Overall Mean: _____

Descriptive rating: _____

Other Areas of Concern in Supervision: _____

 Department Head

Legend: 5- Outstanding 2-Fair
 4-Very Good 1-Poor
 3-Good

Accepted by:

 Name & Signature of the Supervisee

- Copy Furnished:
1. Supervisee
 2. Dean
 3. Supervisor
 4. File